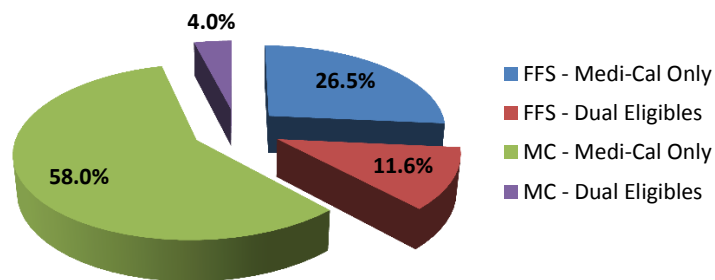


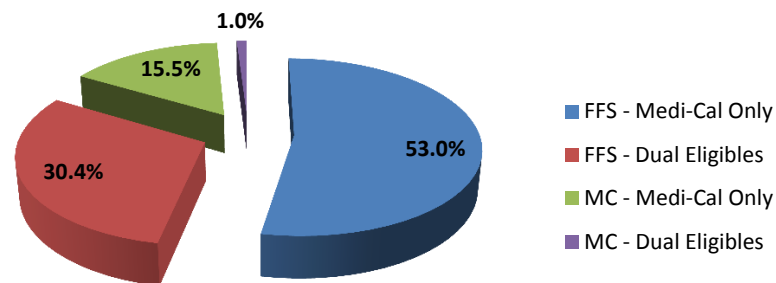
Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Expenditures for Fee-For-Service (FFS) Eligibles and Carve-Out Expenditures for Managed Care (MC)[†] Eligibles,
Medi-Cal Only vs. Medi-Cal/Medicare Dual Eligibles

Coverage Category	Member Months	Total Expenditures
FFS - Medi-Cal Only	24,172,675	\$8,490,114,665
FFS - Dual Eligibles	10,568,276	\$4,875,321,448
MC - Medi-Cal Only	52,979,629	\$2,486,709,061
MC - Dual Eligibles	3,624,523	\$160,455,794
Total^{††}	91,345,103	\$16,012,600,969

Medi-Cal Program Eligibles for Fiscal Year of Enrollment 2011-2012



Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year of Service 2011-2012



[†] Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

^{††} Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System. Please refer to the Analytic Notes, they are an integral part of this report.

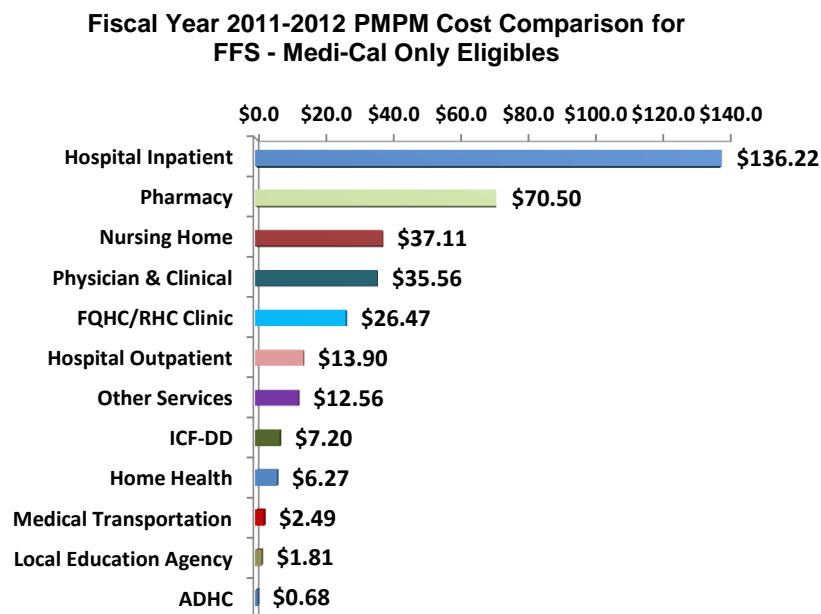
Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011 - June 2013 months of payment.
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months for Fiscal Year 2011-2012; July 2011 - June 2012 Months of Service. Report Date: August 2013.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Fee-For-Service (FFS) Medi-Cal Only Eligibles by Service Category

Per Member Per Month (PMPM) Costs for FFS - Medi-Cal Only Eligibles		
Service Category	Expenditures	PMPM
Hospital Inpatient	\$3,292,861,429	\$136.22
Pharmacy	\$1,704,163,280	\$70.50
Nursing Home	\$897,095,482	\$37.11
Physician & Clinical	\$859,640,339	\$35.56
FQHC/RHC Clinic	\$639,904,858	\$26.47
Hospital Outpatient	\$336,079,387	\$13.90
Other Services	\$303,699,858	\$12.56
ICF-DD	\$174,147,407	\$7.20
Home Health	\$151,489,361	\$6.27
Medical Transportation	\$60,236,056	\$2.49
Local Education Agency	\$43,735,645	\$1.81
ADHC	\$16,354,668	\$0.68
Dialysis	\$5,572,804	\$0.23
Rehab Facility	\$5,134,090	\$0.21
Total^{††}	\$8,490,114,665	\$351.23



Note: PMPM values less than \$0.50 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

^{††} Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2013 months of payment.

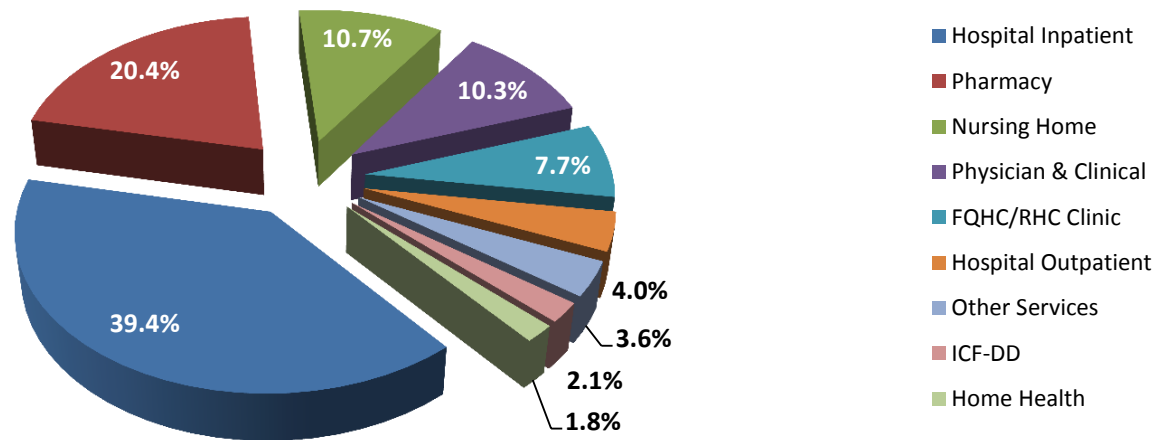
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012 ; July 2011 - June 2012 Months of Service. Report Date: August 2013.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Fee-For-Service (FFS) Medi-Cal Only Eligibles by Service Category**

**Fiscal Year 2011-2012 Service Category Expenditures for
FFS - Medi-Cal Only Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph.
Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

†† Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

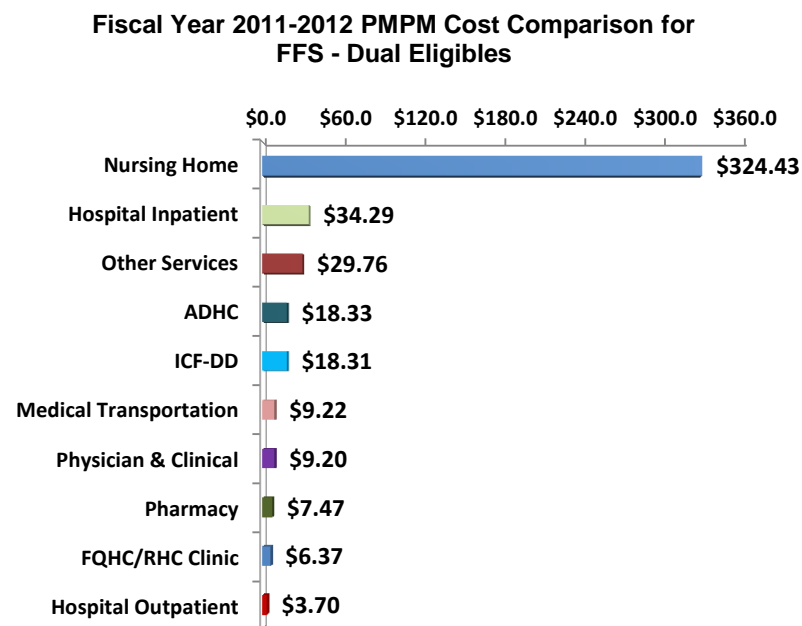
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012; July 2011 - June 2012 Months of Service. Report Date: August 2013

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Service Category

Per Member Per Month (PMPM) Costs for FFS - Dual Eligibles		
Service Category	Expenditures	PMPM
Nursing Home	\$3,428,663,918	\$324.43
Hospital Inpatient	\$362,421,066	\$34.29
Other Services	\$314,463,187	\$29.76
ADHC	\$193,729,181	\$18.33
ICF-DD	\$193,498,592	\$18.31
Medical Transportation	\$97,398,793	\$9.22
Physician & Clinical	\$97,195,411	\$9.20
Pharmacy	\$78,991,348	\$7.47
FQHC/RHC Clinic	\$67,282,980	\$6.37
Hospital Outpatient	\$39,070,058	\$3.70
Home Health	\$2,280,274	\$0.22
Local Education Agency	\$253,372	\$0.02
Dialysis	\$58,647	\$0.01
Rehab Facility	\$14,622	\$0.00
Total^{††}	\$4,875,321,448	\$461.32



Note: PMPM values less than \$0.50 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

^{††} Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

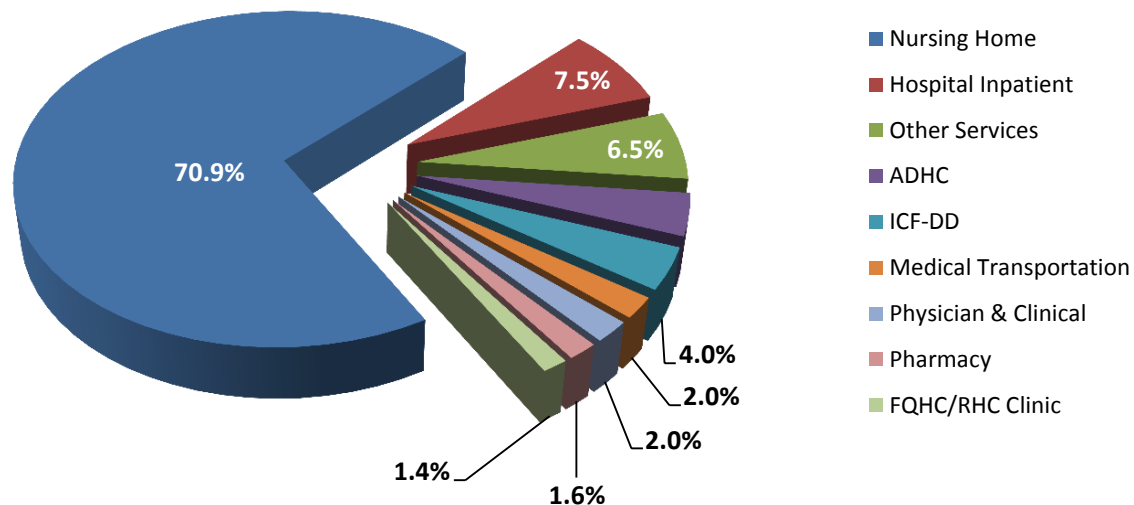
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012 ; July 2011 - June 2012 Months of Service. Report Date: August 2013.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Service Category**

**Fiscal Year 2011-2012 Service Category Expenditures for
FFS - Dual Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph.
Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

†† Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

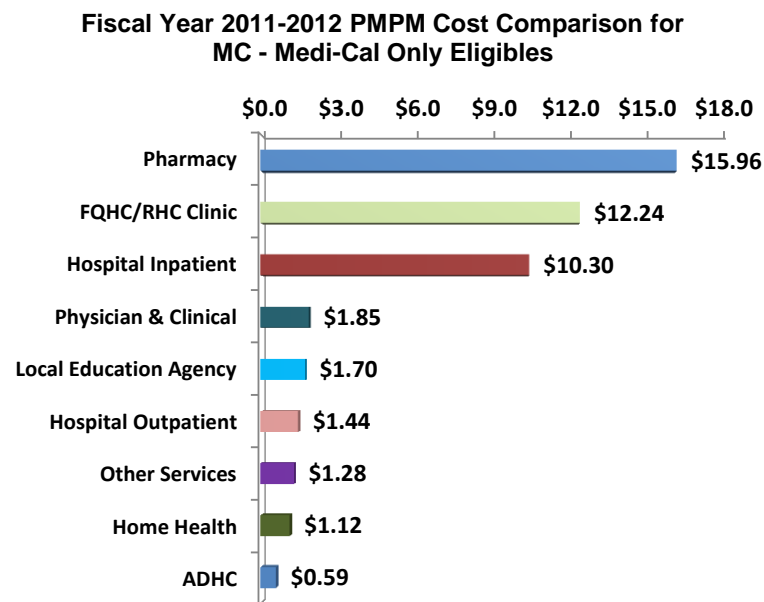
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012; July 2011 - June 2012 Months of Service. Report Date: August 2013

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Carve-Out Expenditures for Managed Care (MC[†]) Medi-Cal Only Eligibles by Service Category

Per Member Per Month (PMPM) Costs for MC-Medi-Cal Only Eligibles		
Service Category	Expenditures	PMPM
Pharmacy	\$845,815,418	\$15.96
FQHC/RHC Clinic	\$648,452,684	\$12.24
Hospital Inpatient	\$545,490,128	\$10.30
Physician & Clinical	\$97,957,206	\$1.85
Local Education Agency	\$89,808,762	\$1.70
Hospital Outpatient	\$76,324,713	\$1.44
Other Services	\$67,831,245	\$1.28
Home Health	\$59,102,942	\$1.12
ADHC	\$31,321,337	\$0.59
Nursing Home	\$12,550,773	\$0.24
Rehab Facility	\$5,841,454	\$0.11
Medical Transportation	\$2,569,664	\$0.05
Dialysis	\$2,470,839	\$0.05
ICF-DD	\$1,171,895	\$0.02
Total^{††}	\$2,486,709,061	\$46.94



Note: PMPM values less than \$0.50 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

† Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

†† Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

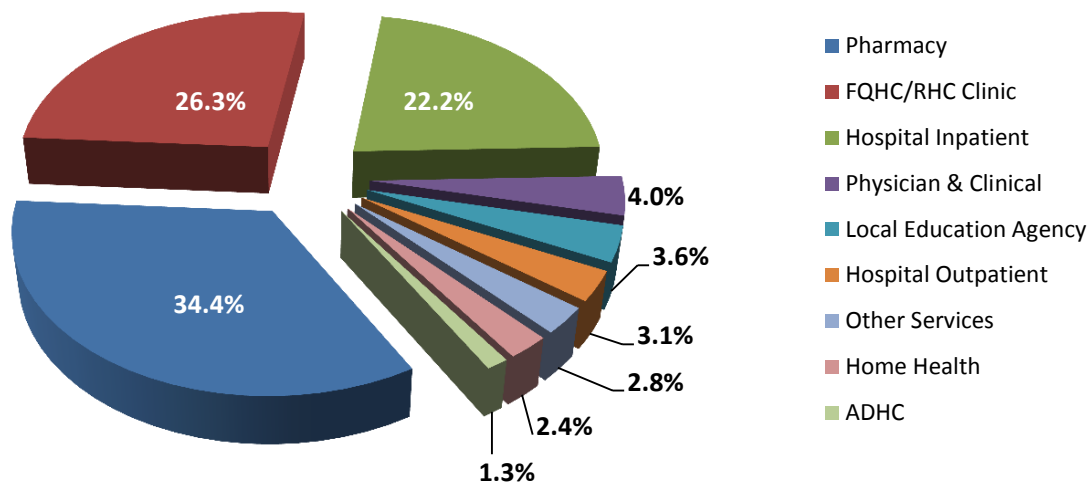
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012 ; July 2011 - June 2012 Months of Service. Report Date: August 2013.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Carve-Out Expenditures for Managed Care (MC†) Medi-Cal Only Eligibles by Service Category

**Fiscal Year 2011-2012 Service Category Expenditures for
MC - Medi-Cal Only Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

† Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

†† Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

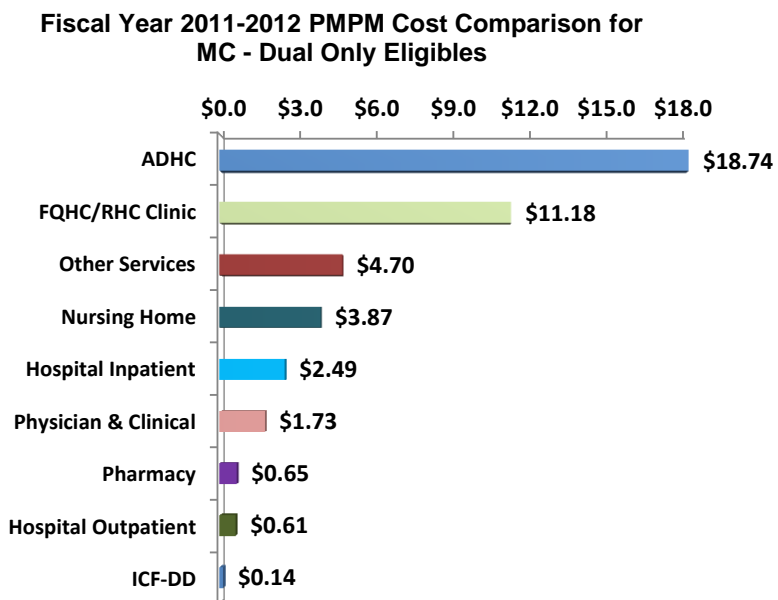
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012; July 2011 - June 2012 Months of Service. Report Date: August 2013

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Carve-Out Expenditures for Managed Care (MC[†]) Medi-Cal/Medicare Dual Eligibles by Service Category

Per Member Per Month (PMPM) Costs for MC - Dual Eligibles		
Service Category	Expenditures	PMPM
ADHC	\$67,929,544	\$18.74
FQHC/RHC Clinic	\$40,504,123	\$11.18
Other Services	\$17,029,849	\$4.70
Nursing Home	\$14,010,930	\$3.87
Hospital Inpatient	\$9,032,798	\$2.49
Physician & Clinical	\$6,259,975	\$1.73
Pharmacy	\$2,344,998	\$0.65
Hospital Outpatient	\$2,194,430	\$0.61
ICF-DD	\$495,431	\$0.14
Home Health	\$341,070	\$0.09
Local Education Agency	\$262,521	\$0.07
Medical Transportation	\$49,604	\$0.01
Rehab Facility	\$6,581	\$0.00
Dialysis	-\$6,060	\$0.00
Total^{††}	\$160,455,794	\$44.27



Note: PMPM values less than \$0.14 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

† Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

†† Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

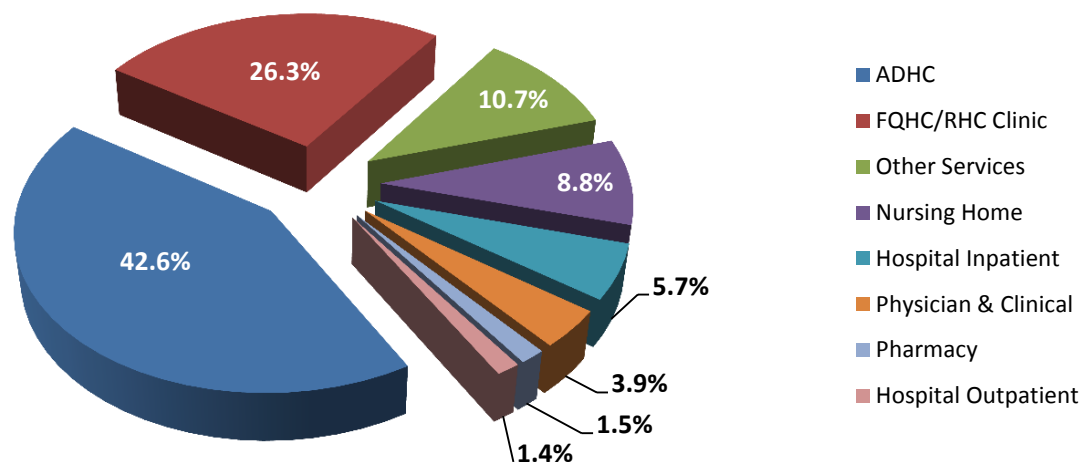
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012; July 2011 - June 2012 Months of Service. Report Date: August 2013.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2011-2012 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2011-2012 of Enrollment
Carve-Out Expenditures for Managed Care (MC†) Medi-Cal/Medicare Dual Eligibles by Service Category

**Fiscal Year 2011-2012 Service Category Expenditures for
MC - Dual Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

† Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

†† Expenditure and member month totals and PMPM calculations do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2011- June 2013 months of payment.

Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2011-2012; July 2011 - June 2012 Months of Service. Report Date: August 2013

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.